

Please Type or Print in Ink

Mail to: P.O. Box 309522  
Montgomery, Al 36130

ALABAMA BOARD OF FUNERAL SERVICE  
APPLICATION  
FOR APPRENTICE EMBALMER

FORM- AP.Emb.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Residence Address: \_\_\_\_\_  
(Street & No. / P.O. Box) (City, State Zip)

Telephone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I hereby apply for **CERTIFICATE OF APPRENTICE EMBALMER** for the fiscal year ending September 30, 20\_\_\_\_. I also attach the required fee of \$20.00.

I have a certificate of High School graduation or its equivalent GED Certificate: ☐ YES ☐ NO Date of Diploma or Certificate: \_\_\_\_\_

Name and Address of High School or of the Institution or Agency that granted Diploma or GED Certificate:

\_\_\_\_\_  
(Name) (Street & No. / P.O. Box) (City, State Zip)

Are you still attending High School? ☐ YES ☐ NO If yes, Name and Address of High School attending:

\_\_\_\_\_  
(Name) (Street & No. / P.O. Box) (City, State Zip)

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? ☐ YES ☐ NO If yes, please attach details.

Name and Address of Funeral Establishment at which the apprenticeship will be served:

\_\_\_\_\_  
(Name) (Street & No. / P.O. Box) (City, State Zip)

Name of Embalmer supervising the apprenticeship: \_\_\_\_\_ AL License No.: \_\_\_\_\_

I understand that I must devote an average of at least thirty (30) hours per week to the duties of this apprenticeship. Further, that my supervisor must submit an annual report to the Board by the first day of January showing the number of hours served and the number of bodies I have assisted in preparing for the disposition during the previous year.

\_\_\_\_\_  
(Signature of Applicant)

*Subscribed and sworn to before me, a Notary in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
*Notary Public*

My Commission expires \_\_\_\_\_.

**CERTIFICATE**

I certify that I am acquainted with \_\_\_\_\_ and have personal knowledge of this person's good character and reputation. I hereby recommend the approval of this application.

\_\_\_\_\_  
(Signature of Supervising Embalmer)

Alabama Embalmer License # \_\_\_\_\_ Address: \_\_\_\_\_

**\*\*\*PLEASE ENCLOSE A COPY OF YOUR DIPLOMA OR CERTIFIED GED CERTIFICATE  
\*\*\*PLEASE ANSWER ALL QUESTIONS COMPLETELY**